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CHARLES

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Attorney Docket Number

		First Named Invento	r CI	CHARLES, GARY			
DESIGN		COMPLETE IF KNOWN					
PATENT APPLICATION		Application Number /		/			
(37 CFR 1.63)		Filing Date	06/25/200	01			
	Declaration Submitted after	Group Art Unit					
with Initial Initial Filing Filing (surcharge (37 CFR 1.16(e))		Examiner Name					
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROCESS FOR PRODUCING CHLORINE DIOXIDE the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above: I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
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Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached? YES NO			
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit un	der 35 U.S.C. 119(e) of ar	ny United States provisional	application(s) listed below.			
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[Page 1 of 2]

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NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on ha	is been t	filed	for this unsigned inventor
Given Name (first and middle [if any]) GARY	Given Name Family Name				CHARLE	s		
Inventor's Signature Date								
Residence: City MARIETTA State GA			Country USA				Citizenship USA	
Mailing Address 4096 TRITT HOMEST	EAD DRIV	E						
Mailing Address								
ity MARIETTA State GA ZIP 30062			Country USA					
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) MICHAEL Family Name or Surname BURKE								
Inventor's Signature Date								
Residence: City CUMMING	State GA		A Country USA			Citizenship USA		
Mailing Address 4825 SUNSET TRAIL								
Mailing Address								
City CUMMING	State GA		ZIP 30040			Country USA		
Additional inventors are being named on supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								